

Blue

Work Order ID 89719

89719

Page 1

August-31-12 10:25:48 AM

Item ID: D2939-2

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Saddle RH In, 206

Start Date: 8/31/12 Start Qty: 2.00

2

Cust Item ID:

Required Date: 9/28/12 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals:

Process Plan: W

Date: _____

Tooling: _____

Date: _____

Run Start *NR1*

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop *NR2*

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

Draw Nbr

Revision Nbr

D2939

Rev C

0.00

100

100

HAAS I

HAAS CNC vertical machine #1

HAAS CNC VERTICAL MACHINING #1

Memo

0.00

Program part number and batch number. 1-Inspect part number and batch number are programmed correctly. 2-Machine Step No 1 of Folio and visually inspect as per dwg D2939 & attached Dimension Sheet 3-Machine Step No 2 of Folio and visually inspect as per

SL 12-9-16 2 ~~1~~

110

0.00

110

Mill Conv

Conventional Milling Machine

CONVENTIONAL MILLING MACHINE

Memo

0.00

Machine Keyway and inspect per attached dimension sheet

SL 12-9-16

2 ~~1~~

120

0.00

120

QC

Quality Control

QC1- Inspect dimensions to dimension sheet

Memo

0.00

SL 12-9-16

2 ~~1~~

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
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Work Order ID 89719

August-31-12 10:25:48 AM

89719

Page 2

Item ID: D2939-2 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Saddle RH In, 206
 Start Date: 8/31/12 Start Qty: 2.00 ***2*** Cust Item ID:
 Required Date: 9/28/12 Req'd Qty: 2.00 ***2*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	QC8- Inspect parts - second check	0.00							
130									
QC	Memo	0.00				2	0		
Quality Control									
140	Chemical Conversion Coat per QSI005 4.1	0.00							
140									
HandFinish	Memo	0.00				2			12-9-17
Hand Finishing									
155	Spray Painting per QSI005 4.2	0.00							
155									
SprayPaint	Memo	0.00							
Spray Painting	PRIME B 117319								
	SPRAY PAINT:								
	DELFLEET BLUE B 121722								
	CLEAR DELFLEET B 118093								

NCR: Yes / No

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August-31-12 10:25:48 AM

Page 3

Quality Control

2

W 12.09.25

12/7/28 (2)

12/19/26 J

MF
12-09-25

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

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Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Picklist Print

August-31-12 10:25:48 AM

Page 1

Work Order ID: 89719

Parent Item: D2939-2

Parent Item Name: Saddle RH In, 206

Start Date: 8/31/12

Required Date: 9/28/12

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP: B 00.06.26 New DWG rev (mpp 2069)EC
IPP Rev:C As per Rev C 07-03-19 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D6101-001 Saddle Billet		Manufactured	No			100	Each	53.0000	1	2		12-9-15	

Location

Loc Qty

Loc Code

MAT040

49

69677

2

76836

1

81923

1

85433

25

87606

20

MAT042

4

83309

4

2

NCR: Yes / No

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DART AEROSPACE LTD				Work Order: 84719	
Description: 206 Saddle, Inboard, Right side				Part Number: D2939-2	
Inspection Dwg: D2939 Rev: C DSK: Rev:				Page 1 of 1	

FIRST ARTICLE INSPECTION DIMENSION SHEET

☒ First Article ☐ Prototype

				Record Actual Dimensions				
Dim	Min	Max	Go/No Go Gauge	1	2	3	4	5
A	0.100	0.140		.115	-.126			
B	0.100	0.140		-.117	-.127			
C	0.100	0.140		-.114	.114			
D	0.210	0.230		-.228	-.225			
E	1.245	1.255		1.250	1.250			
F	1.245	1.255		1.250	1.250			
G	2.495	2.505		2.500	2.500			
H	0.510	0.515		-.512	-.512			
I	1.572	1.582		1.577	1.577			
J	2.495	2.505		2.500	2.500			
K	0.257	0.262		-.258	-.258			
L	0.312	0.317		-.314	-.314			
M	0.235	0.240		-.237	-.238			
N	0.100	0.140		-.125	-.123			
O	0.540	0.560		-.552	-.552			
P	0.490	0.510		-.498	-.497			
Q	3.715	3.725		3.720	3.720			
R	2.720	2.760		2.740	2.740			
S	0.240	0.270		-.250	-.258			
T	0.100	0.180		-.135	-.135			
U	1.625	1.635		1.630	1.630			
V	1.362	1.372		1.367	1.367			
W	0.316	0.321		-.316	-.316			
X	1.250	1.270		1.268	1.257			
Y	1.565	1.585		1.583	1.573			
Z	0.178	0.198		-.188	-.188			
AA								
AB								
AC								
AD								
Accept/Reject								

Measured by: SL	Date: 12-9-16
Audited by: [Signature]	Date: 12/09/17
Prototype Approval: N/A	Date: N/A

Rev	Date	Change	Revised by	Approved
A		New Issue	RF	
B	02.12.12	Re-format; Added Dim. X-Y, DT8683, DT8686, DT8690 & DT8695 A/B	KJ/RF	
C	07.03.21	Revised per drawing revision C	KJ/JLM	
D	07.11.23	DT8695 A/B removed	KJ/EC/DD	[Signature]

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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[illegible]

NOTES: 0.510"

1) MATERIAL: ALUMINUM 7075-T7351 (QQ-A-250/12)
(MAKE FROM D6101-001 SADDLE BILLET, 7075)

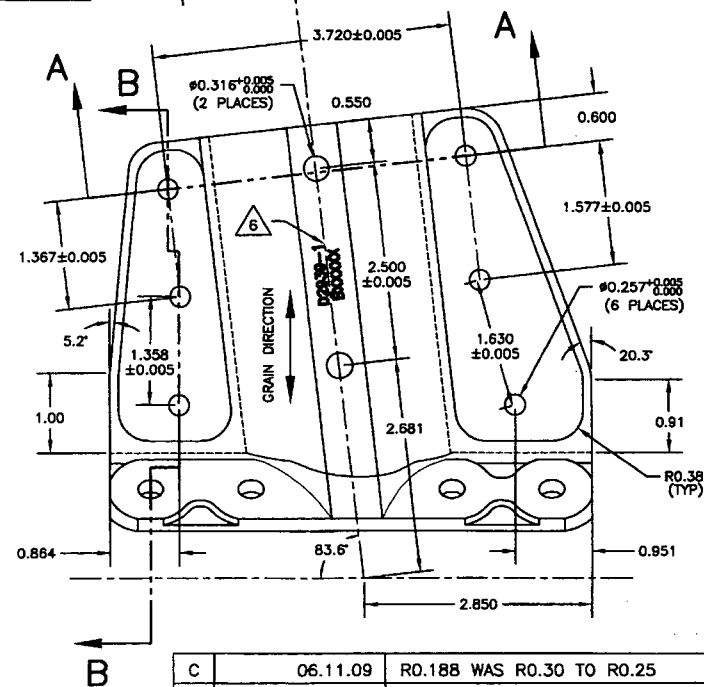
2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
POWDER COAT GLOSS WHITE (REF 4.3.5.1) PER DART QSI 005 4.3

3) BREAK ALL SHARP EDGES 0.010 TO 0.020

4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

5) ALL DIMENSIONS ARE INCHES

6) ENGRAVE PART AND BATCH NUMBER IN THIS AREA 0.010 TO 0.015 DEEP



C	06.11.09	R0.188 WAS R0.30 TO R0.25
B	00.05.29	CHANGED DEOMETRY AND MATERIAL
A	99.11.12	NEW ISSUE
DESIGN	DRAWN BY # CB	DART DART AEROSPACE, USA, INC. BELLINGHAM, WA
CHECKED PH	APPROVED LL	DRAWING NO. D2939 REV. C SHEET 1 OF 1 SCALE 2:3
DATE 06.11.09	TITLE SADDLE INSIDE	

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OR COPIED OR COMMUNICATED TO ANY OTHER
PERSON WITHOUT WRITTEN PERMISSION FROM
DART AEROSPACE USA, INC.

NCR: Yes / No

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Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other